

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41177

FILED
Mar 18, 2017
Secretary of State
CC6592693147

Entity Name: CELEBRATION COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1120 CELEBRATION CT.
ST. JOHNS, FL 32259

Current Mailing Address:

1120 CELEBRATION CT.
ST. JOHNS, FL 32259 US

FEI Number: 59-3041202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OGLESBY, RICHARD M
1100 CELEBRATION COURT
ST. JOHNS, FL 32259 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD M. OGLESBY

03/18/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|-------------------------|-----------------|----------------------|
| Title | ST | Title | DIRECTOR, PRESIDENT |
| Name | ROCKENBACH, MARGUERITTE | Name | ROCKENBACH, J.L. |
| Address | 1120 CELEBRATION CT. | Address | 1120 CELEBRATION CT. |
| City-State-Zip: | ST. JOHNS FL 32259 | City-State-Zip: | ST. JOHNS FL 32259 |

| | | | |
|-----------------|----------------------|-----------------|--------------------|
| Title | DIRECTOR | Title | DIRECTOR |
| Name | BROOKS, MARSHA | Name | BANE, FAY |
| Address | 1220 CELEBRATION CT. | Address | 1205 SPENCER LANE. |
| City-State-Zip: | ST. JOHNS FL 32259 | City-State-Zip: | ST. JOHNS FL 32259 |

| | | | |
|-----------------|----------------------|-----------------|----------------------|
| Title | DIRECTOR | Title | DIRECTOR |
| Name | COOPER , JOHN | Name | BARTLETT, GARY |
| Address | 1200 CELEBRATION CT. | Address | 1140 CELEBRATION CT. |
| City-State-Zip: | ST. JOHNS FL 32259 | City-State-Zip: | ST. JOHNS FL 32259 |

| | | | |
|-----------------|----------------------|-----------------|---------------------|
| Title | DIRECTOR | Title | DIRECTOR |
| Name | ZAHN, EVA | Name | BROOKS, JOSHUA |
| Address | 1240 CELEBRATION CT. | Address | 1160 CELEBRATION CT |
| City-State-Zip: | ST. JOHNS FL 32259 | City-State-Zip: | ST. JOHNS FL 32259 |

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGUERITTE ROCKENBACH

SECRETARY

03/18/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BRANT, JENNIFER
Address 1269 SPENCER LANE
City-State-Zip: ST. JOHNS FL 32259